

Secure Care
Agency Form

SCAF

Student _____ Teacher _____ Monitor _____
School _____ ID/SAIS _____ DOB _____ Census Category _____
No. _____

Primary language of the home, indicated by parent _____ Language in which the student is most proficient _____

Citation	I-O-U	Description	Citation	I-O-U	Description
I.A.1.a	_____	Child Find policy reviewed annually by staff and documentation maintained	I.B.1.b	_____	Required procedures for 2.9-5 yrs child find were followed.
I.A.1.b	_____	Child find procedures disseminated to parents	V.A.2.d	_____	All parents provided annual notice of confidentiality
I.B.1.a	_____	Required procedures for birth – 2.9 yr child find were followed			

COMMENTS _____

